



# COLE ACADEMY

1915 W. Mt. Hope Ave.

Lansing, MI 48910

Phone 517.372.0038

Fax 517.372.1446

[www.coleacademy.org](http://www.coleacademy.org)

Dear Future Husky,

We are so pleased you have chosen our school for your child's future! Enclosed in this packet you will find many important documents. Your application to Cole Academy is **NOT** considered complete and does not secure you a seat until **ALL** the following items are received. Please complete each form carefully and return to the school by Thursday, March 16, 2023. Incomplete applications will not be considered. If there are more applications than seats available, a lottery will take place on Thursday, March 23, 2023 @ 4 pm.

## Kindergarten Checklist

- Enrollment Application
- Home Language Survey
- Household Information Report
- Kindergarten Readiness Assessment (KRA)
- Kindergarten Development History
- Kindergarten Behavior History Request
- Copy of original birth certificate
- Copy of immunizations records or current year stamped waiver from the Health Department
- Vision Screening or future date in which your child is scheduled to get vision tested.

## 1<sup>st</sup> Grade – 5<sup>th</sup> Grade Checklist

- Enrollment Application
- Home Language Survey
- Household Information Report
- Records Request
- Discipline & Attendance History:
  - o MUST be signed by current school administrator
  - o MUST include a copy of most recent report card
  - o MUST include attendance records
- Copy of original birth certificate
- Copy of immunizations records or current year stamped waiver from the Health Department.

Thank you for partnering with Cole Academy for your child's education. You can reach the office staff at (517) 372.0038 if you have any questions or concerns. Thank you again and welcome to our Cole Academy family!

Educationally Yours,

Traci LaDue, Principal





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**FOR OFFICE USE ONLY-- Missing Forms:**  
 Disc  Rec  BC  Imm  Release  
 Cust/Guard  MedRelease  Meds  
 Dietary  IEP  HL  HB  
 K-Only:  Vision  KRA

## 2023/2024 ENROLLMENT APPLICATION

### STUDENT INFORMATION

Child Name \_\_\_\_\_  
 \_\_\_\_\_  
 Last First M.I.  
 Birth Date \_\_\_\_\_  
 Boy  Girl

### Student's Mailing Address:

Street/# \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 County:  Ingham  Eaton  Other \_\_\_\_\_  
 What school DISTRICT do you currently live in? \_\_\_\_\_  
 Student's Primary Phone# \_\_\_\_\_

Mom  Dad  Other

### Grade Student Applying For/Entering:

K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

- Has your child ever been retained?  Yes  No
- Has your child's school ever recommended retention and you refused?  Yes  No
- Has your child ever been suspended or expelled from school?  No  Yes—(If yes—Please explain on separate piece of paper.)

\*Cole Academy schools reserve the right to decline admission to students who have been suspended or in the process of being suspended from another school district.

- Does your child have an Individual Education Plan (I.E.P.), Special Ed  Yes -Please list Primary Disability \_\_\_\_\_

Child's ethnic group: *check all that apply*

Hispanic or Latino Heritage  Black or African American  Asian American  
 American Indian or Alaska Native  White

Names & grades of other siblings attending Cole Academy:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

With whom does your child reside? \_\_\_\_\_  
 (i.e. parent(s), grandparent, aunt, etc.)

Is your child currently homeless? (i.e. family living w/ another family, hotel, temporary housing)  Yes  No

Is this child a Foster Child?  Yes  No

Are there custody or guardianship restrictions that we need to be aware of and have copies for our files?  Yes  No

**CONTACT INFORMATION**

Mother's Name \_\_\_\_\_  
Last First

Address (If different than student's mailing address) \_\_\_\_\_  
Street number & name

\_\_\_\_\_  
City/State/Zip

Phone #1 \_\_\_\_\_  cell  work

Phone #2 \_\_\_\_\_  cell  work

Email \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First

Address (If different than student's mailing address) \_\_\_\_\_  
Street number & name

\_\_\_\_\_  
City/State/Zip

Phone #1 \_\_\_\_\_  cell  work

Phone #2 \_\_\_\_\_  cell  work

Email \_\_\_\_\_

**Emergency Contact #1**

Name \_\_\_\_\_  
Last First

Relationship to child:  Step-Parent  Grandmother  Grandfather  Other \_\_\_\_\_

Phone # \_\_\_\_\_

**Emergency Contact #2**

Name \_\_\_\_\_  
Last First

Relationship to child:  Step-Parent  Grandmother  Grandfather  Other \_\_\_\_\_

Phone # \_\_\_\_\_

How did you hear about Cole Academy? \_\_\_\_\_

\*If all seats are full at the Lansing campus, I would consider enrollment at the East campus:  Yes  No

By signing this form, I am accepting enrollment for my child.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

*\*Failure to respond or untruthful responses may result in refusal of this application.*



COLE ACADEMY

STATE BOARD OF EDUCATION APPROVED

HOME LANGUAGE SURVEY\*

Cole Academy is collecting information regarding the language background of each of its students. The information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Cole Academy

1. Is your child's native tongue a language other than English?  
 Yes  No      What is the language? \_\_\_\_\_

2. Is the primary language used in your child's home or environment a language other than English? (\*Primary language means the dominant language used by a person for communication.)  
 Yes  No      What is the language? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Translation of this survey form in Spanish, Arabic, French, Italian & Ojibwa is available at the Office of Field services at 517.373.6066.





## **INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT**

This report is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food assistance program (FAP), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

If your household does not receive benefits from the Food assistance program (FAP), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.





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## RECORDS REQUEST – PERMISSION TO RELEASE

Previous School Attended \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Registrar/Secretary Email: \_\_\_\_\_

The following student(s) have enrolled at Cole Academy. **Please send all cumulative, health, special education and psychological records for this student.** (CA60 request)

Expected start date at Cole Academy East: \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ UIC \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ UIC \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ UIC \_\_\_\_\_

I hereby authorize the release of each child's school records to Cole Academy according to the Federal Educational Rights and Privacy Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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## DISCIPLINE & ATTENDANCE HISTORY AUTHORIZATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

I give permission for the release of information to Cole Academy regarding all attendance records, report cards, in-school & out-of-school suspensions and expulsions within the past two (2) years.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Schools Attended in the past two (2) years:

Name, City, State – Phone and Fax Number:

School Year(s) Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear School Administrator,

Please provide the following information regarding the above student, who attends/attended your school.

### (1) MOST RECENT REPORT CARD (2) ATTENDANCE RECORDS (3) DISCIPLINE (below)

\*Has this student had any **in/out-of-school suspensions** from your school/district in the past two (2) years?  Yes  No \*If yes, please attach documentation

\*Has this student ever been **expelled** from your school/district?

Yes  No \*If yes, please attach documentation

\_\_\_\_\_  
*Signature of School Administrator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Administrator*

\_\_\_\_\_  
*School Name/District*

